

Department of Labor & Economic Growth (DLEG) Employment Application

You must complete this form to apply for employment. Answers must be complete and legible.

| APPLICANT INFORMATION | | | | |
|--|----------------------------|---|--|--------------------|
| Applicant's Name (Last, First, M.I.) | | State Employee ID No. (If Applicable) | | |
| Street Address | | Area Code/Telephone No. (between 8am and 5pm) | | |
| City | State | Zip Code | Drivers License No. | |
| E-mail Address | | County | Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, please explain | | | | |
| Posting Number | Position Applying For | | How did you learn of the vacancy? | |
| Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please provide names: | | | | |
| EDUCATION AND TRAINING | | | | |
| Check all applicable boxes. Attach photocopy of college transcript. (When required.) | | College & Major | | Date of Completion |
| <input type="checkbox"/> | High School Graduate/GED | | | |
| <input type="checkbox"/> | Associate's Degree | | | |
| <input type="checkbox"/> | Bachelor's Degree | | | |
| <input type="checkbox"/> | Master's Degree | | | |
| <input type="checkbox"/> | Other: | | | |
| OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES | | | | |
| License/Certificate Issued By | Field/Trade/Specialization | License/Certification No. | Issue Date | Expiration Date |
| | | | | |
| | | | | |
| Do you have any concerns regarding overnight travel? (If required in the performance of job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. | | | | |
| Do you have the use of a motor vehicle? (If required in the performance of job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever been convicted of a felony? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are there any felony charges pending against you? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever been discharged or suspended by any employer? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have any supplemental employment that will be a potential conflict of interest for the position you are applying for? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you related to anyone who currently works for the Department of Labor & Economic Growth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate names of relatives and where they work. | | | | |

EMPLOYMENT HISTORY

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume to this application.

| | | | |
|--|-----------|---|--------------------|
| Classification | Job Title | Dates of Employment (Month & Year) From _____ To _____ | |
| Employer | | Supervisor Name and Title | |
| Business Address | | Starting/Current Salary | Telephone No. |
| Description of job duties and give approximate percentage of major job duties. | | | Reason for leaving |

| | | | |
|--|-----------|---|--------------------|
| Classification | Job Title | Dates of Employment (Month & Year) From _____ To _____ | |
| Employer | | Supervisor Name and Title | |
| Business Address | | Beginning/Ending Salary | Telephone No. |
| Description of job duties and give approximate percentage of major job duties. | | | Reason for leaving |

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| Description of job duties and give approximate percentage of major job duties. | | | Reason for leaving |

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| Classification | Job Title | Dates of Employment (Month & Year) From _____ To _____ | |
| Employer | | Supervisor Name and Title | |
| Business Address | | Beginning/Ending Salary | Telephone No. |
| Description of job duties and give approximate percentage of major job duties. | | | Reason for leaving |

Special Skills: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer? ☐ Yes ☐ No

Do we have permission to contact your previous employer? ☐ Yes ☐ No

Date available for employment: _____

References (List three professional references who may be contacted)

| | | |
|---|------------------|------------|
| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |
| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |
| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |



Michigan Department of
Labor & Economic Growth

Visit our website at: <http://www.michigan.gov/dleg>

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, height, weight, national origin, color, marital status, political beliefs, genetic information, or disability. Applicants with a disability who may need an accommodation to participate in the interview process should make such a request when contacted to schedule an interview. This application form is available in alternate accessible formats upon request.

Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the Department of Labor & Economic Growth or possible dismissal, if discovered after I have been hired.

Applicant Signature

Date